

**CITY OF MAPLE GROVE**  
**Structural Testing and Special Inspection**  
**Statement of Special Inspections**

**Project Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

(Must be Completed by Architect)

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the 2012 IBC as adopted by the 2015 Minnesota State Building Code. It includes a schedule of Special Inspection services applicable to this project and the identity of agencies to be retained for conducting these inspections and tests. This *Statement of Special Inspections* encompasses the following disciplines:

\_\_\_\_\_ Structural    \_\_\_\_\_ Architectural    \_\_\_\_\_ Other: \_\_\_\_\_

The Special Inspector shall keep records of all inspections and shall furnish inspection reports to the Building Official, the Architect and Structural Engineer of Record. Discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Building Official, the Architect and SER. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

***All interim reports shall be submitted to the Building Department, Architect and SER.***

A Final Report of Special Inspection documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Occupancy.

Pease return this form completed to Becky Roy of the Building Inspections Department prior to the Pre-Construction Meeting.

**ACKNOWLEDGEMENTS**

Each appropriate representative shall sign below:

Owner:	_____	Firm:	_____	Date:	_____
Contractor:	_____	Firm:	_____	Date:	_____
Architect:	_____	Firm:	_____	Date:	_____
SER:	_____	Firm:	_____	Date:	_____
SI-S:	_____	Firm:	_____	Date:	_____
SI-T:	_____	Firm:	_____	Date:	_____
TA:	_____	Firm:	_____	Date:	_____
F:	_____	Firm:	_____	Date:	_____

Legend: SER = Structural Engineer of Record    SI-T = Special Inspector – Technical  
TA = Testing Agency    SI-S = Special Inspector – Structural    F= Fabricator

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified.

Accepted for the Building Department by \_\_\_\_\_ Date \_\_\_\_\_

**Structural Testing and Special Inspection  
Program Summary Schedule**

Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_  
Location: \_\_\_\_\_  
\_\_\_\_\_ Permit No.: \_\_\_\_\_ (1)

Technical (2)		Description (3)	Type of Inspector (4)	Report Frequency (5)	Assigned Firm (6)
Section	Article				

Notes: This schedule shall be filled out and included in the Structural Testing and Special Inspection Program.

- (1) Permit No. to be provided by the Building Official
- (2) Referenced to the specific technical scope section in the program.
- (3) Use descriptions per IBC Section 1705, as adopted by 2015 MN State Building Code.
- (4) Special Inspector – Technical, Special Inspector – Structural, Testing Agency.
- (5) Weekly, monthly, per test/inspection, per floor, etc.
- (6) Firm contracted to perform services.